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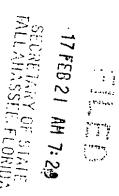
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COVER LETTER

LATINA	Corporations AS BOUTIQUE LLC					
SUBJECT:	Name of Limit	ted Liability Company				
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.				
Please return all corre	espondence concerning this matter t	o the following:				
	ANDY Y. CARRILLO					
	<u> </u>	Name of Person	 -			
	ONE LADY CLEANING S	SERVICES LLC				
		Firm/Company				
	3394 PATTERSON HEIGI	HTS DR				
		Address				
	HAINES CITY, FL 33844					
		City/State and Zip Code				
	YADIRA.6629@HOTMAII	L.COM to be used for future annual report notifi	ication)			
For further information	on concerning this matter, please ca		,			
rot futuret informatie	on concerning this matter, preuse et					
ANDY Y CARRILL	O	863 969-2135 at ()				
Na	me of Person	Area Code Daytime	Telephone Number			
Enclosed is a check t	for the following amount:					
□ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
3.4	AH ING ADDDESS	STREET/COURT	FR ADDRESS:			

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATINA BOUTIQUE LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited I	iability Company	were filed on 05/25/2016	and assigned
Florida document number L16000102817	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
ONE LADY CLEANING SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	3394 PATTERSON HEI	GHT DR
(Principal office address MUST BE A STREE		HAINES CITY, FL 3384	44 <u>28</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			EB 21 AN 7:23 HASSEE FLORID
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the name of the</u>
Name of New Registered Agent:	ANDY Y. CAI	RRILLO	
New Registered Office Address:	3394 PATTER	RSON HEIGHTS DR	
Men Registere Office Address.		Enter Florida street	address
	HAINES CITY		, Florida ³³⁸⁴⁴
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	ANDY Y. CARRILLO	3394 PATTERSON HEIGHT DR	Add
		HAINES CITY, FL 33844	☐ Remove
			■ Change
			□ Add
			□ Remove
			□ Change
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ffective date, if other than the date of filing:	(optiona	ıl)	
f an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	or more than 90 days after filing	ng.) Pursuai	nt to 605.020 t be listed a
ne record specifies a delayed effective date, but not an effection. The 90th day after the record is filed.	ve time, at 12:01 a.n	1. on the	e earlier
Dated FEBRUARY 18 2017			
Signature of a member or authorized represent			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00